

TRAINING REGISTRATION

STD. 697 (REV. 3-2002)

INSTRUCTIONS: Select one of the training providers listed below. Complete all appropriate sections of the form and mail or fax it to the provider. If you are uncertain about any item, please contact the provider for assistance. This form may be downloaded at www.dpa.ca.gov.

<input type="checkbox"/> Form accepted, but not required HHSDC Training Center - IMS C - 36 Health & Human Services Data Center 9323 Tech Center Drive, Suite 100 Sacramento, CA 95826 (916) 739-7502 FAX (916) 739-7779	<input type="checkbox"/> State Training Center (STC) - IMS G-2 (or) Office of Statewide Continuous Improvement (OSCI) DEPARTMENT OF PERSONNEL ADMINISTRATION 1515 "S" Street, North Bldg., Suite 108 Sacramento, CA 95814-7243 (916) 445-5121, FAX (916) 324-4050	<input type="checkbox"/> CAMMI - IMS Z-1 DEPARTMENT OF GENERAL SERVICES 707 Third St., 2nd Floor West Sacramento, CA 95605 (916) 375-4500 FAX (916) 375-4545
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Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL 93-579). If provided, the Social Security Number may be used by departments to maintain records on training requested and attended by employees.

SECTION I PARTICIPANT INFORMATION <i>(Please print or type)</i>						
R E Q U I R E D	NAME	LAST NAME FIRST, FIRST NAME LAST	IMS CODE	CBID	ACCOUNTING CODE	CUSTOMER NUMBER
	DEPARTMENT				CLASSIFICATION	SOCIAL SECURITY NUMBER (Optional)
	DIVISION					
	ADDRESS				INTERNET E-MAIL ADDRESS <i>(Required for Web-based)</i>	
	CITY, STATE, ZIP					
DISABILITY ACCOMMODATION REQUIRED <i>(Auditory, Mobility, Visual, Other)</i>				TELEPHONE NUMBER <i>(Required)</i> ()	FAX NUMBER ()	

SECTION II COURSE INFORMATION	
COURSE TITLE [REQUIRED for STC classes] <i>(Include number, if appropriate)</i>	TUITION AMOUNT \$

ENROLL ME IN	SECTION	DATES	STATE TRAINING CENTER USE ONLY
1st Choice			<input type="checkbox"/> COMPLETED
2nd Choice			<input type="checkbox"/> NOT COMPLETED
3rd Choice			<input type="checkbox"/> DID NOT SHOW
<input type="checkbox"/> Check here to enroll in the next available session. <i>(Do not enter dates above. Provider will enter dates for you.)</i>			<input type="checkbox"/> LATE CANCEL


CONFIRMATION OF ENROLLMENT: A confirmation letter will be sent to the person named above with details about the class location, times, and dates. We will also tell you about any special materials you should bring to the class. If you have not received a notification letter by five working days prior to the class, please contact the appropriate training provider to ensure that you have been enrolled.

NOTE: The person listed below will also receive confirmation of the participant's enrollment. This person is responsible for notifying the appropriate training provider if the participant needs disability accommodation or if the participant must cancel or reschedule the enrollment.

CANCELLATIONS, SUBSTITUTIONS, NO-SHOWS: If unable to attend class, the participant should contact the training coordinator named below to either find a substitute or to cancel the registration. The training coordinator should call the training provider (checked above). Substitutions may be made at any time prior to the class. Class cancellation must be made more than 14 calendar days prior to the class to avoid a late cancellation fee. Persons who enroll in a class but do not attend and do not cancel will be charged the full tuition amount.

HHSDC STATEWIDE PC TRAINING PROGRAM - Phone 1-888-895-7337

We wish to purchase _____ PC training vouchers. Total cost of: \$

SECTION III BILLING INFORMATION			
R E Q U I R E D	SIGNATURE OF PERSON AUTHORIZING TRAINING AND EXPENDITURE 		DATE SIGNED
			TELEPHONE NUMBER <i>(Required)</i> ()
	NAME		IMS CODE
	DEPARTMENT		FAX NUMBER <i>(Required)</i> ()
	DIVISION		INTERNET E-MAIL ADDRESS
ADDRESS			FOR ADDITIONAL INFORMATION, CONTACT Training Coordinator Name & Phone
CITY, STATE, ZIP			

TRAINING REQUEST

STD. 697 (REV. 3/2002) (REVERSE)

CANCELLATIONS / SUBSTITUTIONS / NO-SHOWS

State Training Center (STC): If unable to attend, contact the training coordinator named in section III (other side) to either find a substitute, or to cancel the registration. Substitutions may be made at any time prior to the class. If you must cancel, the training coordinator should call more than 14 calendar days prior to the class to avoid a late cancellation fee. Persons who enroll in a class but do not attend and do not cancel will be charged the full tuition. For more information, visit the DPA website at www.dpa.ca.gov.

Health & Human Services Data Center (HHSDC) Statewide PC Training Program: If unable to attend, please call 1-800-TRAIN80 at least 72 hours before the class to cancel. Failure to do so will result in forfeiture of the voucher. Substitutions may be made any time prior to class. Cancellation of a scheduled "dedicated" class must be made more than 10 working days prior to the class or the vouchers will be forfeit. For more information, visit the HHSDC website at www.hwdctraining.ca.gov.

Office of Statewide Continuous Improvement (OSCI): Prepayment is requested at the time of registration. Make checks payable to the Office of Statewide Continuous Improvement. Requests to cancel must be received more than 14 days prior to the scheduled event or the full tuition will be charged. You are encouraged to send a substitute if you are unable to attend.






California Acquisition & Materials Management Institute (CAMMI): Make checks payable to the Department of General Services. If you are unable to attend, call (916) 327-4859. Substitutions may be made any time prior to class. Notice of cancellation must be made more than 14 days prior to the class date to avoid a \$25 cancellation fee (fee courses only). Persons who enroll in a class but do not attend and do not cancel will be charged the full tuition amount. For more information, visit the CAMMI website at www.pd.dgs.ca.gov/.

FOR IN-HOUSE USE

TRAINING CATEGORY	TRAINING TYPE	ENROLLMENT STATUS
<input type="checkbox"/> JOB REQUIRED	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> Enrolled by phone
<input type="checkbox"/> JOB RELATED	<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> Not enrolled. Training Office to mail check and registration form
<input type="checkbox"/> UPWARD MOBILITY	<input type="checkbox"/> ALL OTHER	
<input type="checkbox"/> CAREER DEVELOPMENT		

COST AND BILLING INFORMATION	ADDITIONAL INFORMATION / JUSTIFICATION
Registration Fees ----- \$ _____	
Books/Supplies ----- \$ _____	
Travel/Per Diem ----- \$ _____	
Total \$ _____	
MAKE CHECK PAYABLE TO _____	
UNIT NAME _____	
UNIT TELEPHONE NUMBER ()	EMPLOYEE'S TELEPHONE NUMBER ()

APPROVALS

EMPLOYEE'S SIGNATURE 	ACCOUNTING OFFICER'S SIGNATURE 
SUPERVISOR'S SIGNATURE 	DIVISION HEAD'S SIGNATURE 
TRAINING COORDINATOR'S SIGNATURE 	TRAINING OFFICER'S SIGNATURE 